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CONFIRMATION NO. 4692

<b>SERIAL NUMBER</b> 10/633,449	<b>FILING OR 371(c) DATE</b> 07/31/2003 <b>RULE</b>	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> PD01505
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**\*\* CONTINUING DATA \*\*\*\*\***  
*Yes SN*  
 This appln claims benefit of 60/403,941 08/16/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None SN*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/29/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Sanghvi</i> Initials <i>SN</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 296	<b>INDEPENDENT CLAIMS</b> 24
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**ADDRESS**  
24265

**TITLE**  
Determination of smoothness of canisters containing inhalable medicaments

<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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